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LEGAL MEDICINE—POISONING WITH ARSENIC.

ONE of the most interesting medico-legal investigations with which we are acquainted, has been recently held at Paris, in a case of poisoning with arsenic. The application of a profound knowledge of medical science to the detection of crime is triumphantly illustrated in the following details, which we extract from the Journal des Debats, December 2d, 1839.—*London Lancet.*

Louis Mercier, the father of several children, one of whom was of weak intellect, espoused a second wife, named Mary Chambelland. The latter was very frequently heard to express her disgust at being compelled to live under the same roof with the idiot boy, whose habits were extremely unclean and revolting. On one occasion the father was heard to say, in reply to some recriminations on the part of his wife, "Never mind, it will soon be over." On the 13th of December last, Mercier purchased an ounce of arsenic at an apothecary's shop. On the 15th, his son Nicholas was seized with vomiting; this continued for several days, and the boy expired on the 22d. No medical aid was demanded; the child was attended by his father and stepmother alone; none of the matters vomited up were recovered.

At the trial of the father, which took place in November last, at the local assizes, the following documents were read by the Attorney General:

1. A report from the medical men who had been ordered to exhume the body fourteen days after death. They discovered acute inflammation, with ulceration in the intestinal canal, and concluded that the deceased, Nicholas Mercier, had been destroyed by some irritant poison.

2. A report from MM. Séne, Pagen and Fleurat, chemists, who had carefully examined the intestinal canal of Mercier without finding the least trace of any poisonous substance.

3. A medico-legal consultation from MM. Orfila, Devergie and Ollivier, showing that the experiments of MM. Séne, &c., had not been pushed far enough, and requesting that the body might be sent to Paris for further examination.

4. A report from MM. Orfila, &c., showing that a certain quantity of arsenic had been extracted from the liver and members of Nicholas Mercier.

5. Two reports from MM. Orfila, Devergie and Leseur; and from MM. Séne, Pagen and Fleurat, showing that no arsenic was contained in the ground where the body of young Mercier had been buried.

After the reading of these reports, M. Orfila declared his opinion that Nicholas Mercier had died from poison, and in support of his opinion stated, at length, the following reasons:

1. Up to January last, chemists were in the habit of merely examining the matters vomited, those found in the intestines and the intestinal canal itself; if they discovered the presence of arsenic, and if the morbid appearances, &c., corresponded, then they concluded the case to be one of poisoning; on the contrary, if they did not find arsenic in the intestinal canal, they simply stated that no poisonous substance was discovered; and, sometimes, when the symptoms and morbid appearances were not in accordance with the idea of poisoning, they spoke very doubtingly of its occurrence or possibility. By the publication of M. Orfila's memoir on arsenic, it has been shown that arsenic may be found in the organic tissue, particularly in the liver, of persons poisoned with that metal, even when no trace of it can be discovered in the digestive canal. M. Orfila's first experiments were confined to dogs, but he had soon opportunities of confirming his opinion by experiments on the human subject. Considerable quantities were found in the flesh and viscera of Soufflard, who poisoned himself with arsenic while on his trial for murder. M. Lorrin poisoned himself with arsenic, and numerous traces were found in his liver. Hence it is well established, that in case of poisoning with arsenic the metal is absorbed, and may be discovered in the tissues, while, by *the same processes*, not a particle of arsenic can be discovered in the same tissues if the person have not taken any arsenical preparation.

2. M. Orfila does not admit, with those physicians who examined the body of Mercier, that the symptoms and morbid appearances, taken together, are sufficient to prove that the deceased met his death from poison; for it is a rule in medical jurisprudence, that such a conclusion should never be drawn unless the poison has been actually demonstrated by chemical means.

With respect to the report of MM. Séne, &c., and the non-discovery of arsenic in the intestinal canal, M. Orfila thinks that the latter-named chemists are not to blame, because the method of experimentation which he (M. Orfila) adopts had not been published at the time of their report.

3. The experiments performed by MM. Orfila, Devergie, &c., demonstrated that the body of Mercier contained arsenic in addition to that which is naturally found in the human body. A certain quantity of the metal was obtained from the liver, limbs, and the putrid fluid of the barrel in which the body was forwarded to Paris. M. Orfila presented this metallic arsenic to the jury on a number of porcelain plates, and with it some arsenic extracted from the carcass of a dog poisoned with arsenious acid. It might, perhaps, be objected, that as the body of the deceased had lain for four months in the ground, some arsenic might have been generated by decomposition; to clear up this point two bodies were exhumed and analysed, but not a trace of arsenic was discovered in them.

4. M. Orfila answered, by anticipation, objections which might be offered to the preceding observations—1. The tests might have contained

arsenic; they neither did, nor could they have contained a grain of this metal.—2. If the body contain naturally some arsenic, how can it be decided that that found in the body of Mercier was not part of the natural arsenic? In the normal state, when the liver is treated with nitric acid, it never furnishes arsenic, but the liver of Mercier did.—3. But, perhaps, the earth of the burying ground contained some arsenic, which may have passed into the body by imbibition. At four different times several pounds of the earth, which surrounded the body, were analysed, and on one occasion only was a very slight trace of arsenic discovered, and even here it was necessary to employ boiling sulphuric acid. Besides, bodies buried in grave-yards, which contain a much greater quantity of arsenic than that of *Villery sur-Tisle*, do not contain arsenic.

From these considerations, M. Orfila concluded that Nicholas Mercier died from poisoning with arsenic.

M. Devergie having explained his reasons in a clear manner, expressed a similar opinion.

On the part of the defence, M. Raspail was brought forward to combat the opinions of MM. Orfila and Devergie. From the imperfect manner in which the remarks of M. Raspail are reported in the Journal des Debats, we find some difficulty in exactly seizing the objections which he put forward. M. Raspail affirmed, that if the chemists who first examined Mercier's body did not find any arsenic in the intestinal canal, it was because there really was no arsenic there. The examination of the earth surrounding the body was imperfect. Instead of analysing a few pounds, the whole should have been analysed. The spots on the porcelain plate have, indeed, the appearance of arsenic, but nothing proves that they are. Several other substances will afford the same appearance. (Here the President interrupted M. Raspail to ask the name of such substances, but the latter refused to specify them.)

M. Orfila now refuted the objections of M. Raspail, one by one, and concluded by saying, that "if M. Raspail could name a single body, other than arsenic, in which were assembled the four properties mentioned in the report, he would instantly tear his report in pieces and abandon his opinion."

To this M. Raspail replied, that certain volatile oils, mixed with a phosphate, give a yellow precipitate, with the nitrate of silver, similar to that of arsenic. M. Orfila denied this; besides, arsenic, when treated with nitric acid, gives a brick-red precipitate, and not a yellow one, as M. Raspail affirmed.

After this scientific encounter, MM. Orfila, Devergie, &c., were sent to examine, in presence of M. Raspail, the nature of the spots supposed to be arsenical on the porcelain plate. This was done at the laboratory of the Academy, and on the following day M. Raspail was compelled, although reluctantly, to acknowledge that the spots were arsenical. The father of Nicholas Mercier was, therefore, found guilty of having poisoned his son, and condemned to the galleys for twenty years.

MALFORMATIONS AND INJURIES OF THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

An Extract from a Lecture given by Prof. A. Trowbridge, to the Medical Class of Willoughby University of Lake Erie, 1840.

——— I have recently met with several interesting cases peculiar to females, which are important to the surgeon, because he is called upon to give relief in cases which are noticed but by few writers.

Mr. S. Cooper mentions cases of a similar nature, but passes them over without much pathological or practical explanation. He mentions cases of *membranous formations, forming so as to constitute imperforate vagina.* This is discovered by there being no evacuation from the uterus, at the age when the menses ought to flow, &c. A longitudinal incision is the remedy, which is simple and easily made. Begin the incision just below the meatus urinarius, and carry it downwards towards the rectum. The edges of the divided membrane must be kept apart for several days, with a pledget of lint, piece of sponge, or bougie of wax.

Another affection is a malformation, from the vagina being closed by a hard substance. In some of these cases, there is a fleshy mass uniting the labia, so that there is no opening except near the clitoris, and this only sufficient for the urine to pass. In these cases, incisions made longitudinally through this extra growth, and the removal of some of it, will give relief, and make a passage to the posterior portion of the vagina. This must be kept open with the wax bougie till healing takes place.

There are cases where preternatural membranes form deep in the vagina, and entirely shut up the passage. This may give but little trouble till menstruation distends the parts, and crowds forward this growth and makes it tense. Mr. Cooper says, "The menstrual fluid meeting with this obstruction, may accumulate in the uterus, distend that organ, pass through the Fallopian tubes, become extravasated into the abdomen, and cause death." This preternatural growth may not close the vagina; it may not form so as to prevent copulation or flowing of the menses, and yet be so dense, or indurated, as to retard parturition, or suffer by laceration in that process, or require a division before the birth of the child can take place. Several writers confirm this fact. A similar ligamentous formation takes place sometimes in the healing and cicatrizing process that follows extensive lacerations of the perineum at child-birth.

The external parts may be natural, and the uterus and appendages well formed, and yet the uterus closed at its external orifice by a thick fleshy substance. A case occurred a few years since, about which I was consulted. The girl was 19 years old. She had been healthy from infancy, and apparently well formed. She had pains about the loins and uneasiness around the uterus, at the age of 15. She was treated for retention of menses, by several physicians; small bleedings gave the most relief. A few months previous to my visiting her, symptoms of retained menses were aggravated, with extreme pain in the head and

small of the back, fulness and pressure upon the vaginal canal, and symptomatic fever. Bleeding and other remedies did not relieve. A few days before my seeing her she became confined to her bed, and lay in a comatose state, or entirely insensible.

In consultation, I suggested the possibility of there being some preternatural difficulty in the case, and made an examination. I found the vagina crowded and distended by a firm tumor, with a smooth surface; no os tincæ or cervix could be discovered. The tumor was evidently the uterus, distended and pressed forward into the vagina, which was free from disease. I pushed into the tumor a broad-pointed lancet, half an inch, as near the part resting on the rectum as I could reach, and several pints of a dark, thick fluid escaped. I enlarged the incision with a bistoury, and inserted a gum-elastic tube, three inches long; directed stimulating enemas, small bleedings if the coma continued, &c.

In three days from this operation, she improved materially in her condition. The discharge continued, with a return of consciousness, and she was every way comfortable, except exhaustion and great debility. She was directed to take wine and tonics. She entirely recovered, and married about one year afterwards. Has enjoyed good health, but has borne no children.

Adhesions of the external labia may take place, owing to injury or excoriation of the parts, or ulceration. In children it may follow the want of cleanliness, or neglect. These affections will produce a contraction of the vagina. No perceptible difficulty attends the female till the marriage state arrives, as the closure is not generally so great as to prevent the escape of secretions from the uterus. The parts must be divided sufficiently, and the interposition of dressings used to prevent a re-union.

Contractions of the vagina some distance from the orifice, with a vesico-vaginal fistula, the result of previous injury in the process of parturition. I have recently seen three cases of this kind. The first was a woman of small size, aged 28. She was delivered, after a tedious labor, of a child, about one year before I visited her. The physician who attended her was present at my visit. He informed me that the process was long and tedious, but he discovered no material injury at the time, though there was swelling and pain for several days after parturition. Ulceration of the vagina and sloughing, and a fistulous opening from the bladder into the vagina, took place in the course of eight days. The unnatural flow of urine continued several weeks. The parts then closed up, the vagina contracted, and the ulceration and discharge of matter ceased. The result was a closing of the sides of the vagina, so that no opening or passage could be discovered. There was a natural discharge of urine, but a suppression of the menses, which occasioned pain. Her attending physician had divided the parts towards the uterus about an inch, and discovered a membranous sac directly before the uterus. On opening it, he found it to be the rectum; fæces passed, and continued to do so till I visited her.

On making an examination, I found the whole vagina contracted and narrowed to a small compass, with the rectum adhering to the anterior

surface of the vagina at the median line, and neck of the bladder. The coats of the posterior and lower part of the bladder had been opened by inflammation and suppuration which followed parturition, occasioned, probably, by being pressed upon and over distended by the child's head; this had closed, and with it the rectum, which was distended with fæces during this time, and sacked, so as to come in contact with the ulcerated parts. This state of the parts was easily ascertained by passing the finger into the rectum. As the incision made by the doctor into the rectum, appeared to be nearly closed, or healed, I advised a delay in making any other efforts to relieve her, till that should be perfected.

Another lady, about 33 years old, was similar in every particular. I dissected the parts with the rectum from the urethra and vaginal coat, near the neck of the bladder, and gained a passage into the posterior portion of the vagina, and evacuated a quantity of menstrual secretions. This was thirteen months from the birth of her child. This case is yet under treatment.

The third case was a lady about 38. She was delivered of a child under the following circumstances, about two years before I was consulted. She had a tedious travail and delivery. Several consultations were held, and attempts made with instruments. The process was continued three days, when the expulsion of a dead child took place. Violent inflammation of the vagina and all the surrounding parts followed, with extensive sloughing and ulceration, and the escape of urine and fæces through the vagina in about ten days after. The opening in the rectum closed up in six weeks, but the fistulous opening at the neck of the bladder continued. This opening was immediately behind the termination of the urethra, about an inch in length and on the mesial line. There was no retention of urine in the bladder, but a constant passing off, which produced excoriation of the labial portions. She became again pregnant, and was taken with labor pains, which was the cause of my being called to visit her. I saw her about six hours after they commenced. I found her a short, thick-set woman, full habit, sanguine, of much exercise, and strong muscle.

On examining, per vagina, I found, when her pains subsided, I could introduce my finger into the bladder, through the opening mentioned at the neck. The whole space of the vagina was contracted and narrowed, by a thickening of the inferior aponeurosis of the perineum, with contraction of the sphincter vagina, the transverse perini muscles, and dense cellular tissues which unite the rectum and vagina. The whole parietes of the vagina was thickened and contracted. There was a natural presentation of the head of the child, and dilatation was such that I could discover its gradual descent upon the parts diseased, which were yielding to this process. In 14 hours from the commencement of her pains, everything was gained that could be expected from the natural process. Her pains were continued, and attended with great and constant agony. The ano-cavernous muscle was distended to its utmost, as well as the two anterior ligaments, which were hard and thickened. To deliver her and save the child, I made two incisions laterally from the recto-vaginal septum, liberating all the strictured parts that could be felt by the finger,

impeding the descent of the child's head. She was soon delivered with the vectis. The child remained lifeless for some time, but was finally resuscitated. The woman recovered in the usual time, and has a fine, healthy child. The incisions united, and she is every way well, except the original fistulous opening of the bladder. She has consented to an operation, to unite this, in a few days; and success, I believe, will attend my efforts for that purpose.

Malformation sometimes attends females, in which great derangement in the formation of the vagina and uterus takes place. A lady, aged 32, recently applied to me for advice. She had been married two years. She informed me that she never has had a passage, or vagina, like other females; that she had never menstruated, but had regular pains monthly, about the uterus, and a discharge from the rectum of a dark-colored fluid. She was of large size and muscular appearance.

On examination, I found what she stated was true. The external labia were large. The anterior commissure of the vulva was enlarged. These, with the vestibula and meatus urinarius, were natural, except being larger than usual. The whole space for the vagina was a solid, firm mass of fleshy substance, covering the sphincter muscles of the vulva and rami of the pubis, and crowding asunder the labia. I supposed there was a cavity between this formation and the uterus, or os tincæ and septum at the neck of the bladder, and I proceeded to make an opening by dividing this mass, to establish an aperture for menstrual discharges and other purposes; but on carrying an incision about two inches in the direction of the uterus, I could discover no cavity, cervix, os tincæ, or uterus, but the rectum occupying their place. I desisted from making further attempts.

Mr. Liston, in his Elements of Surgery, says, "that cases occur where the uterus and its appendages are wanting." This may be the case with this woman, for none could be found; and if they existed, they were not in their usual place.

Cases occur where, at the birth of a child, the perineum is lacerated extensively, so that a few portions or shreds of the sphincter ani are left. Malformation and ulceration, and firm cicatrices and shrinking of the parts, follow. The size or extent of these lacerations and injuries, with their results, are various; yet all are attended with more or less serious difficulties at a future delivery.

The expulsion of the child is prevented by this stricture and thickening of the parts.

I have been called to consult and assist in several cases of this nature. One terminated in death. This woman had been in labor three days, when I first saw her in consultation with an attending physician. On examining I found a firm stricture and cicatrix formed, which included the ano-cavernous muscle and all the anterior portions of the vagina, preventing dilatation, &c. I was informed, that about three years before, she was delivered of her first child, after a protracted labor, and great injury followed about the perineum. The physician in attendance informed me that he had observed a difficulty in the case, but supposed that time and the use of forceps would overcome it, and produce the

desired result. While we were conversing, the woman expired. Constant and extreme irritation had exhausted the powers of life, and the woman died, probably, for the want of timely incisions and assistance.

I was in consultation, in another case, recently. The patient was a small, delicate woman, who, at the delivery of her first child, received a laceration of the perineum. It was extensive, dividing the skin, the anterior extremity of the sphincter ani, the aponeurosis of the perineum, and the cellular tissues which unite the vagina to the rectum. She suffered much for several months, till a union of the parts took place, and a firm cicatrix formed, which lessened the vaginal cavity. She again became pregnant, and I saw her after she had been in labor three days. She was exhausted, but yet attended with feeble, regular pains. There was a natural presentation of the child, but a fatal impediment to its passage, in an extensive strictured state of all the ano-vaginal portions of the perineum. With a bistoury I made a division of the parts at the recto-vaginal septum, directly to the rectum. Pains soon brought down the head of the child, which distended the parts so much that laceration of the sphincter ani followed the expulsion of the child; this remained open for several weeks, but again united, and resumed its functions. Both the woman and child were happily saved. She has since borne another child, and passed a similar process, excepting the delay in making the incision, which was made laterally, instead of directly to the rectum.

I have said that the size and results of these lacerations are various; and I would further remark, that the strictures and their impediments in the process of parturition can never be fully understood till the parts are distended in that process. In this respect it is similar to strictures found in strangulated hernias. It may exist at the outer ring, in the canal, or at the inner ring, or, as in old hernias, the two openings may be brought together and no canal exist, and all the parts thus united be concerned in forming the stricture.

The strictured portions of the vagina are fully developed when the head of the child distends the parts, and they must be divided where they are discovered. The lateral incision is most safe, and I think ought to be preferred to that made from the median line to the rectum; but in this, as in all cases of surgery, circumstances must have their influence in determining the mode of operating.

A young woman, with her first child, suffered a lengthy and tedious travail. Consultations were had, forceps were used, and a delivery was finally accomplished. The woman complained to her mother and nurse of severe smarting pains in urinating, and much swelling about the vagina, a few days after her delivery. She was told "it was a common occurrence," and she suffered with similar symptoms for several months. At the termination of six months I was consulted in relation to a closed state of the vagina. An examination disclosed the fact of there having been a laceration of the perineal portions, followed by a total closure of the vagina. A union of its sides had taken place, quite to the meatus urinarius, and all this was accomplished without treatment, or even the knowledge of any one. Menstrual

secretions had taken place, and produced much pain by distention, and it was this additional symptom which induced the woman and her friends to have a consultation.

I made an opening by commencing an incision near the meatus, and carrying it upwards and backwards until I gained admission with my finger into the posterior cavity of the uterus, and divided with a bistoury the united parts quite back to the rectum and sphincter ani, liberating the enclosed and strictured parts. A wax bougie was placed to keep the parts asunder, till healthy surfaces formed. She was kept in a recumbent posture, and in six weeks she was restored to soundness, and a sufficient opening maintained to obviate her previous difficulties.

In making these comments and very brief details of cases, I am aware I have entered a field which belongs to the professor of midwifery. But, as the surgeon is generally called on for an opinion, and generally to operate, when operations are necessary, in these and similar cases, and as writers, both on midwifery and surgery, are very deficient in their descriptions and practical remarks on the diseases, derangements, and infirmities of the pelvic and vaginal systems, which so often afflict an interesting portion of the human family, I hope you will not consider this portion of my present lecture destitute of interest; although it may appear as a novel undertaking to make a class of interesting cases in surgery, occurring on parts and tissues which are not noticed by elaborate writers on surgery and midwifery, and, with few exceptions, in no way noticed as existing at all. * * * * * *

MEDICAL REMINISCENCES.—NO. VII.

[Communicated for the Boston Medical and Surgical Journal.]

Continuing the list of distinguished physicians of Connecticut, in the early period of the last century, the name of Dr. Benjamin Gale holds a conspicuous place among them. He was a native of Long Island, and was born in 1715. He studied his profession with the celebrated Dr. Elliott, of Killingworth, married his daughter, settled in that town, a cotemporary of that distinguished man while he lived, and successor after his death, where he lived greatly respected for science, medical attainments, and skill in his profession, till the advanced age of 75 years. He died in 1790, twenty-seven years after the death of Dr. Elliot.

Dr. Gale wrote a dissertation on the inoculation of smallpox, which was published at the time, and is referred to by Dr. Wilson Phillip in his treatise on that disease. He also wrote several essays, which were published in the Transactions of the New Haven Medical Society. His reputation in medicine and other sciences was little if at all less distinguished than that of his celebrated preceptor, and he kept up a similar correspondence with literary and scientific men both in Europe and America. He was also a practical and scientific agriculturist, and received a medal from a society in England for the invention of an improved drill plough. He was also a profound student in theology, an

ingenious biblical critic and speculative divine. He wrote a dissertation on the prophecies. He was likewise an active politician, and wrote much for the newspapers and periodical publications of the day. Like Elliot, he must have been a methodical and industrious student, to accomplish so much and do everything so well. (See Thatcher's Medical Biography.)

Dr. Elihu Tudor, being the pupil of Dr. Gale, and a man of great professional eminence and moral worth, may very properly be named in this connection. Dr. Tudor was the second son of the Rev. Samuel Tudor, of Windsor, Ct., and was born February, 1733. He was the descendant of Owen Tudor, who came from Wales to this country with the puritans, and was one of the first planters of the town of Windsor. His ancestors were of that ancient family of Wales, one branch of which for some time sat upon the English throne. Dr. Tudor graduated at Yale College in 1750. For four years before his death, he stood first on the catalogue of that venerable institution amongst the living. Next to him stood two other physicians, Dr. Joshua Porter, of Salisbury, and Dr. Elihu Munson, of New Haven; and next after these, the Rev. Dr. Whitney, of Brooklyn, Ct.—all of whom, it is believed, lived to be 90 and upwards. He received the degree of A.M. from Dartmouth College in 1790.

After leaving college, Dr. Tudor was employed in the business of instruction in New Haven, Newport, R. I., and other places. Having a predilection for the medical profession, he commenced study under the tuition of Dr. Gale. At an early period of the war of 1755, he joined the army, attached to the medical department, and continued with it to the close of the war. He was in the expedition that reduced Canada under Gen. Wolfe, in 1759, and was attached to the force that besieged and took the supposed impregnable fortress of Havana, in Cuba, in 1762. At the peace of 1763, he was in England, and continued his attachment to the army; in this connection he was employed in the public hospitals, and improved, with great diligence, these opportunities to increase his knowledge of his profession, and particularly of surgery, the department of which he was most fond and for which he was best fitted. About the year 1767 Dr. Tudor was discharged from the army by his own request, and made a half-pay officer by the British Government. He now returned to his native country, after an absence of ten years, and settled in his native town, where he resided and received his half pay till his death. Dr. Tudor now fixed his residence on his paternal inheritance in East Windsor, and soon went into an extensive practice as a physician and surgeon. He was probably the best educated and most experienced surgeon in the State at that time. In this department his practice was very extensive and eminently successful. He continued to perform capital operations till nearly or quite 80 years of age.

In his moral character, Dr. Tudor was always without reproach. His manners were highly polished and gentlemanly, resulting partly from his early intercourse with polished society, and his connection with the army, but more from the native warmth of a benevolent heart. He

retained his faculties to a great age, and in his latter years character appeared to much advantage. He was distinguished for extraordinary benevolence and universal good will, was always ready to do good to others, and never unmindful of the smallest favor. His decline at the last was gradual, while he sunk without disease under the weight of years. He closed his eyes in peace, like an expiring lamp, March 6th, 1826, aged 93 years. Some account of Dr. Tudor may be found in Thatcher's Medical Biography.

A son of this venerable man, Dr. Edward Tudor, is at present a respectable practitioner of medicine in Burlington, Vt.

Worcester, Feb., 1840. S. B. W.

FATAL MENORRHAGIA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Miss ———, aged 17 years, had been seriously ill, at intervals of about three weeks, since the commencement of her thirteenth year, in consequence of menorrhagia which supervened on her first menstrual secretion or periodical evacuation, which became established at that time, if there was ever any secretion connected with the case, which may be doubted. The evacuation, whether in part a secretion or not, never failed to reduce the patient's strength very much at every subsequent occurrence, and at one time so much exhausted the physical powers as to keep her on the bed for a number of weeks together. Since that time, as before, the state of her general health has not been very good.

Last May I was requested to visit her. I found her about house, but rather more indisposed than usual. On inquiry, I found that she had been "unwell" two or three days, with what, as she supposed, her old periodical difficulty—but had not taken any medicine, because, said she, "I have no faith in it; yet I am afraid that I shall be as bad as I was last fall," the time above mentioned. I told her that she ought to take her chamber and there keep perfectly quiet until she should get better. She accordingly complied with the requisitions, and not only kept as still and quiet as possible, but cheerfully submitted to all my prescriptions, which were rigidly adhered to for more than two weeks, without any suspension of the hæmorrhage, or mitigation of symptoms, which were constant nausea with occasional vomiting, restlessness, and great prostration, with watchfulness; no pain, except occasionally of the head, with more frequent confused feelings in the same; frequent sympathetic febrile excitement after the first week, none before; pulse from 90 to 120; skin constricted and dry; respiration free and easy; bowels constipated, but not obstinate; urine natural in color and quantity. When any medicines lose their well-known specific effects in controlling morbid functions at the onset of a disease, I have observed, as a general rule, that that case has proved obstinate under any treatment. Thus it was in this case; sedatives and antispasmodics were useless. The most

powerful astringents seemed to aggravate the disease. Tonics and stimulants were administered without relief, and even the tampon was, like every other means, not a remedy. The disease from the very commencement seemed to bid defiance to the healing art, either to interrupt its course or even mitigate its effects in the least. Nature, uninfluenced by the interposition of art, seemed to sink under the load of disease, and gradually and silently ebb away.

Autopsy, three hours after death. On opening the abdomen no unusual appearances were discovered, except an effusion of blood from the serous surfaces of all the abdominal viscera. Other appearances normal throughout the system, as far as examined. HIRAM PARKER.

Lowell, March 20, 1840.

P. S.—It would be very gratifying to me for your correspondent A. B., who very pathetically says to all physicians, "read Magendie;" who also says, "it is not enough that a physician is able to give beautiful descriptions of pathological phenomena—that he can talk learnedly of effects—if he knows nothing of causes," to explain the proximate cause of the disease now under consideration, by the theory of Magendie. My request is for information, not for controversy. What I wish to know is, whether the disease was the pathological condition of the blood, or whether it was a congenital defect or physical modification of the organs? H. P.

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BOSTON, APRIL 1, 1840.

THE BRAIN, SPINAL CORD AND NERVES.*

FROM remote ages, down to the present time when anatomy is almost as perfectly understood as the machinery of a steam engine, physiologists, with characteristic activity, have attempted an explanation of the functions of these organs—and although the subject has always been considered a difficult one, there has been no want of investigators. It has somehow happened, all this while, however, that no one seems to have been perfectly satisfied with what has been done before him. There is just enough left in an unfinished condition to stimulate others to complete the undertaking; and like exploring a subterranean cavern in search of light, the farther they have gone, the more profound has been the darkness which they were trying to avoid. Dr. Brigham, of Hartford, Ct., is the last champion in the field. Undismayed at the prospect before him, and in exact keeping with the observation just made, he steps into the ring to give his views in the form of an "*inquiry concerning the diseases and functions of the brain, spinal cord and nerves.*" To our apprehension he has succeeded far better than when he wrote on the *Influence of Religion on Health*, a most unlucky subject to write upon in a Christian land, particu-

* An Inquiry concerning the Diseases and Functions of the Brain, Spinal Cord and Nerves. By Amariah Brigham, M.D. New York: Geo. Adlard. 1840. 1 vol., p. 327.

larly when the force of the argument was so directed as to be suspected, at least, of being unfriendly to the cause which leads from earth to heaven.

How much can be accomplished by order in business and economy of time. In the midst of the interruptions pertaining to the practice of medicine, the author of this work is constantly elaborating something to convince the world that he is no idler; and others might follow his example to the profit of their own minds—instructing others as they teach themselves. Of all Dr. Brigham's books, this is destined to have the first rank with medical men: with this assumption, we urgently recommend it to their attentive perusal, being satisfied that it is a safe guide, in which are some new and important views, of great value even to those who imagine themselves the wisest in the domain of the nervous system. Had it been equally convenient to cite more home cases, instead of travelling over the Continent of Europe for them, it would have been more gratifying to an American physician; still, those which were selected as illustrations, are certainly very striking. Under the division *neuralgia*, where tic douloureux is described, we unhesitatingly say Dr. Brigham's pathology and treatment should have been given in prolonged chapters, because both are so rational, simple and philosophical.

The book is divided into two parts. The first treats of the study of the structure and functions of the brain, &c. Part second is devoted to the consideration of the diseases of the brain and other parts of the nervous system. As a whole, in the language of the trade, it is a neatly-finished book, of portable dimensions, and cheap enough to be in every medical library, north, south and west.

State Lunatic Hospital.—The seventh report of the Trustees and Superintendent of this excellent institution, so creditable to Massachusetts, is before the public. It comprises an exact account of the disbursement of the Commonwealth's money, and minutely details the expense of whatever was purchased or consumed in the preceding year. All this information is quite necessary, and may serve as a model for others in the management of the fiscal concerns of similar institutions, in places where they have less experience.

But the seventy-seven pages by the hand of Dr. Woodward, constitute the essential part of the pamphlet, and it will be read extensively, as it recommends itself to the attention and sympathy of every man in the community. It shows, in the first place, the progress which is made from year to year in the management of the insane; and it assures us of the fact that this department of medico-moral discipline is constantly improving. It requires, in the character of a superintendent of lunatics, a peculiar combination of powers, wielded under the supervision of a conscience alive to the vast weight of responsibility devolving upon him who is set apart to bring order out of the chaotic materials of a distracted mind. Dr. Woodward is without a rival in this country, and we fervently hope that nothing short of absolute necessity, arising from protracted ill health, will ever divert him from the labors of the hospital in which his professional services are so universally appreciated.

Woman, physiologically considered, &c. &c. &c.—Another treatise, by the same Mr. Walker who wrote on marriage, is now selling, in the vernacular

of the booksellers, very rapidly; but it is a vile production, and calculated to engender vice, and sow wide and far the seeds of corruption. Under the guise of a medico-physiological examination of women, this vulgar caterer for a depraved taste has concentrated some of the worst and most infamous things in the history of our race. It is rather the picture of a brothel than a chart of the moral feelings and high and holy character of woman, polished and refined by education. We hope the profession will not be gulled into purchasing a book so outrageously vulgar as to be absolutely beneath their notice; and we trust the new sect of self-styled physiologists in this country, will not degrade themselves by recommending this work, as they did one of the former works of Mr. Walker.

Clarendon Springs, Vt.—Dr. Gallup's pamphlet, of 14 pages, on the character and properties of the mineral springs in the town of Clarendon, three miles east of Whitehall, N. Y., is capitally written, as might be expected from that source. Mr. Hayes, the chemist, of Roxbury, has ascertained, with care, the composition of the water; and, like all good things, the Clarendon Springs work wonders with sore legs, urinary complaints, inflamed skin, coughs, "*branny scales*," scrofula, dropsy, gonorrhœa, dyspepsia, inveterate sore eyes, &c. &c., to the end of the chapter. The fact is, the water effects too much, and we are therefore inclined to suspect that imagination has had some influence over the minds of the patients.

Dr. Howe's Abdominal Supporter.—Luke Howe, M.D., of Jaffrey, N. H., whose mechanical ingenuity is in keeping with his success in surgery, is the inventor of various instruments of utility in the management of fractured limbs, &c.; and at a spare moment he has devised an abdominal supporter, quite equal to any now before the public, and apparently much less expensive. He seems not at all ambitious to shackle its use by a patent, to enhance the price, but allows any one to manufacture the contrivance whose circumstances render it necessary to resort to art. It is rather difficult to describe the construction, although perfectly simple. In external appearance it resembles Hull's, Chapman's and Dr. Haynes's. Within, on the lower margin, spiral springs are introduced, which press horizontally from the depending edge of the pad, against the bowels, and thus maintain a uniform pressure.

Of late, abdominal supporters have multiplied quite rapidly, and it is now somewhat difficult to decide, by an examination simply, upon the merits of the different kinds. Dr. Haynes, of Concord, seems to have combined as many advantages, in his supporter, as it is possible to concentrate in any one, and it should be better known throughout the country. We have several of them, designed for gratuitous distribution, with a view of testing their utility, and only wait for proper opportunity of fulfilling the wishes of the doctor. Those interested in this department of collateral surgery, are invited to examine the specimens in the care of the editor.

New York Medical and Surgical Society.—About one year ago a circular was received from the Secretary, Dr. Vandervoort, who kindly gave a plan of the Society's scheme for improvement, which commended itself to every intelligent physician. One resolution read thus—"*Resolved*,

That every member of the medical profession, not resident in the city of New York, who shall transmit to the Society an original paper, shall be entitled to be balloted for as a corresponding member, under the same conditions which apply to candidates for regular membership." We not only hope that the Association flourishes, but also venture to express an opinion that an occasional publication of some of the papers which must necessarily accumulate in one year's time, would vastly promote the prosperity of the Society by creating an interest in its welfare abroad.

New Method of Fumigating.—M. de Clerq has proposed a new method of practising medicinal fumigations, which is very extravagantly praised in a Belgian journal. This method consists in first washing the parts to be fumigated with a solution of nitrate of silver (10 grs. to the oz.), and then fumigating. The medicines which M. de Clerq most commonly employs for the fumigation of old ulcers, &c., are one part of cinnabar, two of balsam of Tolu, and two of aloes. By degrees, as the fumigations are repeated, the parts become coated with a covering which resembles a metallic plate, which has the effect of protecting them from the action of the air, in addition to its intrinsic powers.—*Gaz. Med. de Paris.*

Tasteless form of Ipecacuan.—When it is desirable to administer ipecacuan to refractory children, or to persons to whom the ipecac. wine is odious, as is often the case, the following form will be found to answer: R. Bruised root of ipecac., ℥ 3 ; boiling water, enough to make 1½ ℥ 3 ; lemon syrup, ½ ℥ 3. A twelfth part every third hour.—*Dublin Journal.*

Medical Miscellany.—It is estimated that during six months of the last year, nearly 6000 individuals died of smallpox in England, and during the year not less than 60,000 were attacked by the disease in the United Kingdom.—In consequence of the new penny-post system in England, vaccine matter can now be sent to every practitioner in the kingdom almost without expense.—Sir Benjamin Brodie has retired from the office of Surgeon to St. George's Hospital.—Sir Anthony Carlisle is still the senior surgeon of Westminster Hospital, having been elected to the office in 1793 ; he is now over 70 years of age.—From the report of the Registrar General in England it appears that more people have died during the last year at the ages of 30, 40, 50, 60 and 70, than either one year younger or one year older. The number of deaths at the age of 49 was 915 ; at the age of 50, 1454 ; at the age of 51, 816.—Among the European troops stationed at Fort William, in Calcutta, there has existed a temperance society during the three last years. The improvement in health has been manifest. Last year, the admissions to the hospital of members of the Society, was 1 in 25 ; of the remainder of the regiment, 1 in 11. The deaths in the hospital in 1838 were 22 ; the average deaths for 14 years previous, nearly 72 a year. In 1837, the spirits drank were 9673 gallons less than the regiment was entitled to draw ; and in 1838, 8242 gallons less. The substitute mostly used for spirits, was beer. Liver complaints are represented to have decreased nearly one half.—Our correspondent "M.," in New York State, relates several cases in which the injurious effects of the Thomsonian treatment were apparent, though the particulars do not possess sufficient general interest to justify their publication.

To Correspondents.—Dr. Spofford's communication and other favors are omitted this week for want of room.

Number of deaths in Boston for the week ending March 26, 29. Males, 18—females, 11. Stillborn, 1.
Of consumption, 3—infantile, 4—old age, 1—fits, 1—lung fever, 1—scarlet fever, 1—brain fever, 1—inflammation of the lungs, 1—ulcerated liver, 1—croup, 3—feebleness at birth, 1—convulsions, 1—marasmus, 1—pleurisy fever, 1—quinsy, 1—cancer, 1—worms, 1—inflammation of the bowels, 1—paralysis, 1.

MEDICAL TUITION.

The subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	Dr. Smith.
Surgery, by	Dr. Stedman.
Theory and Practice of Medicine, by	Dr. Perry.
Midwifery, Diseases of the Chest, and Demonstrations on Morbid Anatomy, at the Hospitals, by	Dr. Bowditch.
Materia Medica and Chemistry, by	Dr. Wilby.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers. M. S. PERRY, C. H. STEDMAN, H. G. WILEY,
Jan. 39—eplmeoptf H. I. BOWDITCH, J. V. C. SMITH.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McCleland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $7, $10 and $12.
June 19—1y

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

NOTICE.

A physician having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Crane, Esq., near the premises (if by letter, post paid). March 16—tf

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TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.
References.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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